

3/8/10
4

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

February 8, 2010

The Acton Beacon:
Atten: Barbara

Please place the following Legal **Notice** in the Thursday, February 18 and February 25, 2010 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Mohammed Basal
251 Main Street
Salerno's Restaurant
Acton, MA 01720
(617-968-7704)

Very truly yours,

Christine M. Joyce
Town Manager's Office

① Please confirm receipt to: Christine cjoyce@acton-ma.gov

**Town of Acton
Notice of Hearing**

The Board of Selectmen of the Town of Acton will hold a public hearing in the Francis Faulkner Room in the Town Hall on March 8, at 7:25 p.m. under Section 140 of the Mass General Laws on the application of Salerno's Restaurant, for a Common Victualler License at 255 Main Street, Acton, MA 01720

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

② **Town of Acton
Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on March 8, 2010 at 7:30 p.m. on the application of Salerno's Restaurant, Mohammed Basal, Manager, for an All Alcoholic Restaurant License at 255 Main Street, Acton, MA 01720.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

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TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

February 9, 2010

Mohammed Basal
Salerno's Restaurant
Acton, MA 01720

Dear Mr. Basal:

Enclosed please find a copy of advertisements to appear in the Acton Beacon on Thursday, February 18 and 25, 2010, at your expense.

The ABCC requires the time and date of such hearing for a New All Alcoholic Liquor license be placed in the local newspaper, and that you notify abutters. Your hearings are scheduled for March 8, 2010 at 7:25 p.m. on the Common Victualler License, and 7:30 p.m. for the Full Liquor License as a Common Victualler, in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce
Town Manager's Office

cc: File
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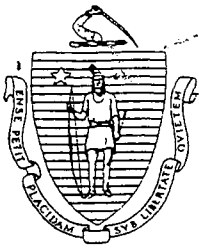
Christine Joyce

From: Frank Widmayer
Sent: Monday, March 01, 2010 1:32 PM
To: Christine Joyce
Subject: Salerno's Restaurant, 255 Main Street Liquor License

I have reviewed the application submitted on behalf of Salerno's Restaurant requesting a liquor license and I have no objection to this request.

Frank J. Widmayer III
Chief of Police
978-263-2911

3/1/2010



The Commonwealth of Massachusetts
The Alcoholic Beverages Control Commission
239 Causeway Street, Suite 200
Boston, MA 02114

Telephone: 617- 727-3040
FAX: 617- 727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☒ A. NEW LICENSE APPLICANT
- ☐ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Salem's Restaurant Inc.
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Mohammed Basal
3. SOCIAL SECURITY NUMBER [REDACTED]
4. HOME (STREET) ADDRESS 1246 Hill Rd Littleton MA 01460
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # 617-968-7704 HOME#
6. PLACE OF BIRTH: Amman / Jordan 7. DATE OF BIRTH: 3/18/1958
8. REGISTERED VOTER: ☒ YES ☐ NO 8A. WHERE?: Littleton, MA
9. ARE YOU A U. S. CITIZEN: ☒ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): Boston 1992
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Ali 12. MOTHER'S MAIDEN NAME: Fatima
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
____ YES ✓ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ✓ YES _____ NO
IF YES, PLEASE DESCRIBE:

I've been the manager of a beer & wine license, Salerno's Restaurant, 251 Main St Alton, since 2006. Copy of license attached

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ✓ YES _____ NO

IF YES, PLEASE DESCRIBE: I am the owner of a beer & wine license at Salerno's Restaurant Inc. 251 Main St, Alton

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Salerno's Restaurant Inc. d.b.a. Sorrento's Pizzeria
251 Main St Alton MA 01720 978-264-9006
owner and operator since Nov. 1999

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40+

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: [Signature]
PROPOSED MANAGER SIGNATURE

2/8/2010
DATE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE

FOIA(b)(7)(D) - DISCLOSURE WOULD BE UNLAWFUL BECAUSE IT WOULD BE UNFAIR TO THE COMPETITIVE BIDDING PROCESS.

9. If the Applicant is a Corporation, complete the following:

State of Incorporation: <u>Ma.</u>	Date of Incorporation: <u>5/1999</u>
Fiscal Year Ends: <u>12/31</u>	Date qualified to do business in MA: <u>5/1999</u>

9a. How many Shares of Stock are authorized? 10,000 How many Shares of Stock are issued? NONE

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.

Use * to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled
President	Mohammed Basal	1246 Hill Rd	3/18/58	[REDACTED]	100%
Director	"	Littleton MA 01460			
Treasurer	"	"			
		"			

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

- Are the Majority of Directors United States Citizens? ☒ Yes ☐ No
- Are the Majority of Directors Citizens of Massachusetts? ☒ Yes ☐ No
- Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license? ☒ Yes ☐ No

(If yes, complete a, b, c, and d)

- Give an exact description of the construction, remodeling, redecorating or building on the premises: a new building to be built starting April 2010. Plan attached, which I will lease from then responsible only for inside modeling.
- What are the estimated costs? \$120,000.00
- What is the construction schedule? I plan on starting in mid July and be done by mid sept.
- State all sources of construction financing: my own savings.

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

- ☐ As an individual ☐ Jointly _____ Name of Realty Trust
 _____ Name of Corporation
☐ Other _____ (specify)

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>Sundberg II Realty Trust / Ken Sundberg</u>	Phone Number: <u>(978) 815-3560</u>
Address: <u>20 Henley Rd Acton MA 01720-</u>	

12a. If a lease or rental, provide the following information: \$ 8,000 per month
 (month, year, etc.)

Beginning Date of Lease _____ Ending Date of Lease _____
 (provide a copy of the lease.)

FINANCIAL

13. What Assets were purchased and cost?

Equipment: \$ 50,000 75,000	Furniture: \$ 15000	Goodwill: \$ none
Inventory: \$ 10,000	License: \$ none	Premise: \$ 20,000

13a.

Total Purchase Price: \$ 120,000

Identify in the box below all sources of financing:

13b.

Mortgage: \$	Seller: \$
Cash: \$ 120,000	Other (specify): \$

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions: none
(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged? ☐ Yes ☒ No

If yes, to whom?

13e. Will the Inventory be pledged? ☐ Yes ☒ No

If yes, specify to whom

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged? ☐ Yes ☒ No

If yes, identify to whom and identify the number of shares to be pledged.

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.	SSN	Phone Number
Mohammed Basal	1246 Hill Rd Littleton MA 01460	3/18/58	[REDACTED]	617-968-7704

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
Mohammed Basal	100% owner of the restaurant

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☒ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest
Mohammed Basal	Beer & wine	Salerno's Restaurant Inc. 251 Main St Alton MA	100% owner

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ Yes ☒ No (If yes, provide the following information):

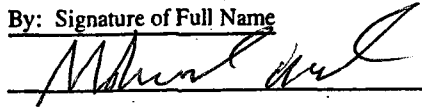
Date	License	Reason why the License was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☐ No (If yes, attach a statement of details.)

15. a. Each Individual Applicant must sign.
b. Applications by a Partnership must be signed by a majority of the partners.
c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 8th day of February, 2010


By: Signature of Full Name



Title

President / owner

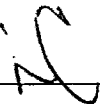
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Examiner

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF ORGANIZATION (General Laws, Chapter 156B)


Name
Approved

ARTICLE I

The exact name of the corporation is:

Salerno's Restaurant Inc.

ARTICLE II

The purpose of the corporation is to engage in the following business activities:

To own and operate food establishments and
restaurant consulting services

C
P
M
R.A.

99264033


P.C.

Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

ARTICLE VII

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty* days after the date of filing.

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a. The street address (*post office boxes are not acceptable*) of the principal office of the corporation in *Massachusetts* is:

251 Main St Acton MA 01720

b. The name, residential address and post office address of each director and officer of the corporation is as follows:

	NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President:	Mohammed Basal	85 Colonial Dr	
Treasurer:		Littleton MA 01460	
Clerk:	Kimberly McCombe	104 Middleboro Rd	
Directors:	Mohammed Basal	East Free Town MA 02747	
		85 Colonial Dr	
		Littleton MA 01460	
	Kimberly McCombe	104	

c. The fiscal year (i.e., tax year) of the corporation shall end on the last day of the month of December.

d. The name and business address of the resident agent, if any, of the corporation is:

ARTICLE IX

By-laws of the corporation have been duly adopted and the president, treasurer, clerk and directors whose names are set forth above, have been duly elected.

IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address(es) are clearly typed or printed beneath each signature do hereby associate with the intention of forming this corporation under the provisions of General Laws, Chapter 156B and do hereby sign these Articles of Organization as incorporator(s) this 21st day of September, 19 79.

Mohammed Basal

Mohammed Basal

Note: If an existing corporation is acting as incorporator, type in the exact name of the corporation, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said corporation and the title he/she holds or other authority by which such action is taken.



GTI Designs
35 Trade Zone Court
Ronkonkoma, NY 11779
Tel: 800-896-4484
Fax: 631-981-3508

Date Issued: 1/29/2010

Project: Sammi Basil

REVISION #: 4

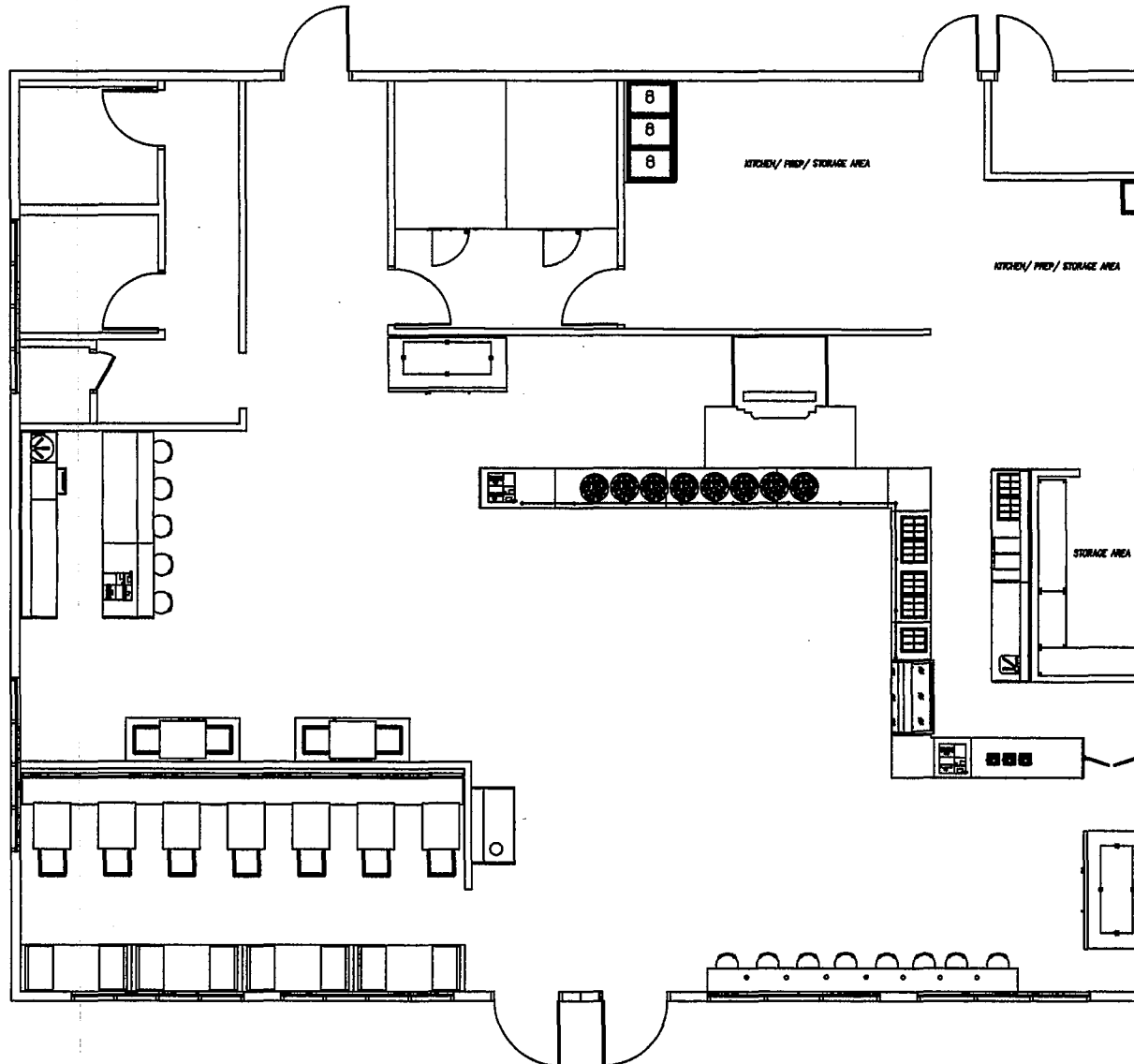
PAGE #: 1 OF 6

DRAWN BY: _____

DATE:	REASON FOR REVISION:	DATE:	REASON FOR REVISION:

NOTE:

THIS DRAWING IS FOR DESIGN INTENT ONLY AND DOES NOT REFLECT THE FINAL BUILT PROJECT. REFER TO THE PROJECTS FINAL EXECUTIVE DRAWINGS PROVIDED BY GTI DESIGNS FOR DETAILS AND REQUIREMENTS FOR THE PROJECT. THE EXECUTIVE DRAWINGS PROVIDED BY GTI DESIGNS WILL BE SIGNED BY THE CLIENT AND REPRESENT THE FINAL BUILT PROJECT.





GTI Designs
35 Trade Zone Court
Ronkonkoma, NY 11779
Tel: 800-886-4484
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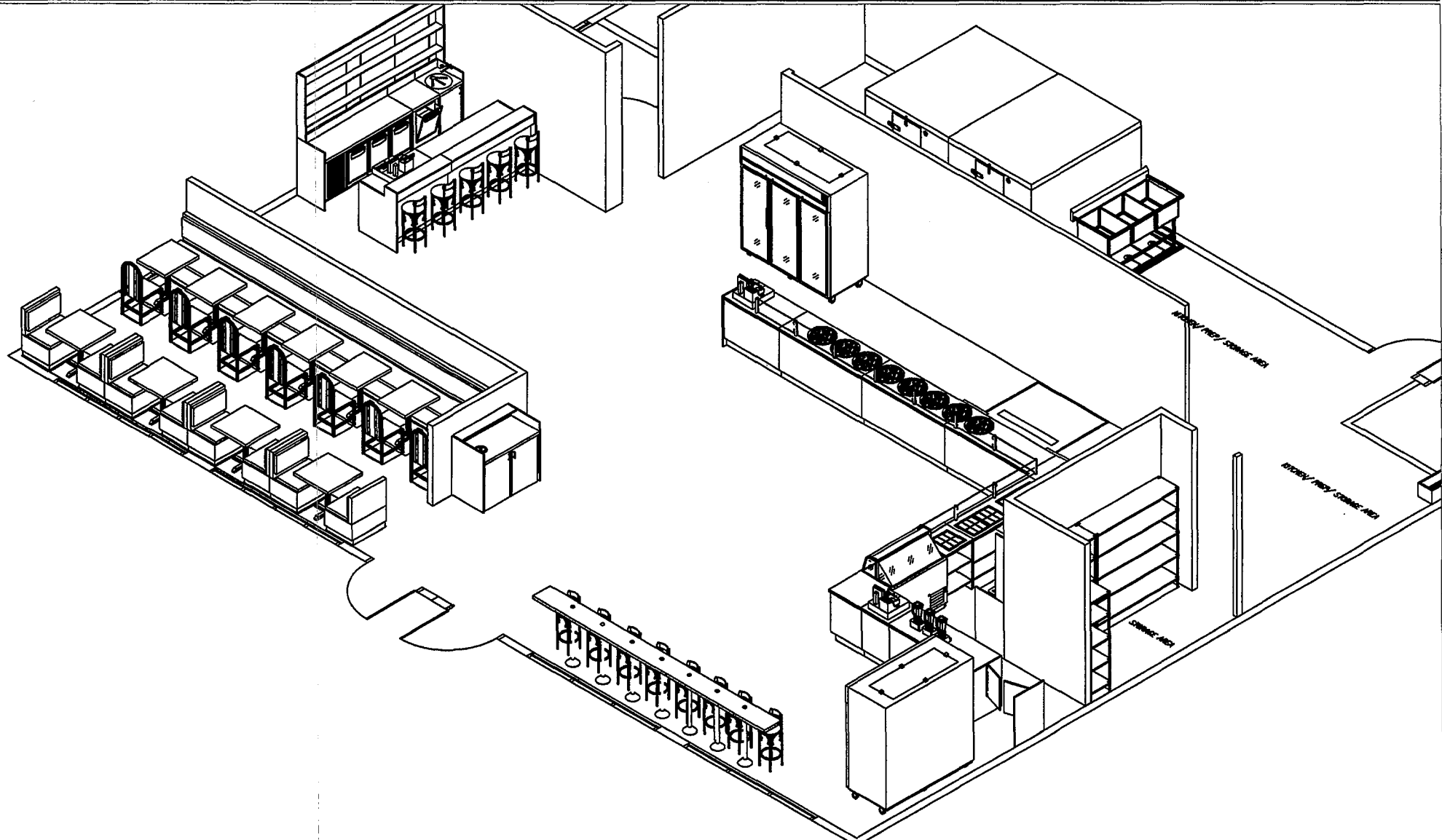
PAGE #: 4 OF 6

DRAWN BY: _____

DATE:	REASON FOR REVISION:	DATE:	REASON FOR REVISION:

NOTE:

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Salerno's Restaurant Inc.
251 Main Street
Acton Ma. 01720

Vote of the Corporate Board:

On this day Saturday, February 6th, 2010, 3 p.m., the board of directors of Salerno's Restaurant Inc., represented in its sole shareholder, Mohammed Basal, held a special meeting at 251 Main Street Acton, Ma and voted to file an application for a full liquor license with the Town of Acton to be used at its new proposed location at 255 Main Street Acton Ma. Voted yes and approved.

President,

A handwritten signature in black ink, appearing to read 'Mohammed Basal', written in a cursive style.

Mohammed Basal

POLICIES AND PROCEDURES CUSTOMER SERVICE/EMPLOYEE RESPONSIBILITIES

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in the following policy, which lead to accident, injury of material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the only acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged)
- e. Look at composition of ID (does it confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the Customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from High School
- c. Astrological sign
- d. Social Security Number

If you still have reservations, request a second form of ID

IF YOU STILL HAVE DOUBTS, Don't Serve!!

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow under age persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being over talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying dropping belongings or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handled the situation, and the actions of the customer **(forms attached to this document)**.

Employee Name

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these procedures for my own records.

Employee signature

Date

Manager Signature

Date

Forms Attached to this policy:

Refusal of Service Report
Shut-Off Report

3/11/08

REFUSAL OF SERVICE REPORT

This report is to be used **ONLY** when a person comes into the establishment and you refuse to serve them any alcohol. This is not a shut-off report.

LOCATION: _____ **DATE:** _____
Report written by: _____ **TIME:** _____
Name of Patron: _____
Address of patron: _____
Description/Observation of patron: Height: _____ Weight: _____
Clothing worn by patron: Check off if known
Shirt type: Long sleeve _____ Short sleeve _____ **Color of shirt** _____ **Type of shirt**
i.e.) dress shirt, polo shirt, tee shirt, blouse _____
Pants type: Long _____ Shorts _____ Capri's _____ Other _____
Color of pants: _____ **Belt worn?** Y ___ N ___ Unknown ___
Socks and shoes if known: _____
Condition of clothes: (please check) disorderly ___ soiled ___ orderly ___ torn ___
Breath (alcohol odor) strong ___ Moderate ___ Faint ___ None ___
Attitude: polite ___ hilarious ___ talkative ___ carefree ___ sleepy ___ cocky ___
combative ___ indifferent ___ insulting ___ [profane ___ cooperative ___ Other _____
Unusual action: Belching ___ Vomiting ___ Fighting ___ Crying ___ Laughing ___
hiccupping ___ Other _____
Speech: Not understandable ___ mumbled ___ slurred ___ confused ___ thick-tongued ___
accent ___ understandable ___ Other _____
Eyes: bloodshot ___ watery ___ glassy ___ fine ___ other _____
Complexion: flushed ___ pale ___ other _____

Indicate other unusual actions or statements, including when they were first observed:

STEPS TAKEN:

Patron's actions & comments on steps taken:

Refused the sale of alcohol _____
Offered non-alcoholic beverage _____
Offered food _____
Offered to call another party _____
Suggested /called a cab _____
Was patron alone? _____ Did the patron drive? _____

The facts recorded above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____
Print Name: _____
Supervisor signature: _____ Date: _____
Print Name: _____

SHUT-OFF REPORT

Date: _____

Name of establishment _____

Name of customer _____

Id presented by customer (check one) drivers license ☐ passport ☐ non
drivers license/state or federally issued Id ☐ Military ☐ Other (name)
_____ Id number _____

Time of the day/night customer came into establishment _____

Time of shut-off _____

Reason for shut-off:

Steps taken:

Manager notified:

Signed: _____ Date: _____

Print name: _____

Manager on duty: _____

Le Secrétaire d'Etat des Etats-Unis d'Amérique
prie par les présentes toutes autorités compétentes de laisser passer le citoyen
en ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni
difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Michael Paul

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte
 P USA 207333867

Surname / Nom / Apellidos

BASA

Given Names / Prénoms / Nombres

MOHAMMED

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

18 Mar 1958

Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nacimiento

W

JORDAN

Date of issue / Date de délivrance / Fecha de expedición

23 Oct 2002

Date of expiration / Date d'expiration / Fecha de caducidad

22 Oct 2012

Amendments / Modifications / Enmiendas

See Page 24

Authority / Autorité / Autoridad

National

Passport Control

[illegible]

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